WV Health Innovation Collaborative
Lower Cost Work Group
May 20, 2015
Meeting Notes

Participating:
Penney Hall, Bureau for Medical Services
Phil Schenk, WV Partnership for Elder Living
Anne Williams, Bureau for Public Health
Rahul Gupta, Bureau for Public Health
Tony Atkins, Bureau for Medical Services
Ted Cheatham, PEIA
Perry Bryant, West Virginian's for Affordable Health Care
Toby Wagoner, Bureau for Public Health
Brenda Nichols-Harper, Anthem
Dan Mace, Bureau for Public Health
Sven Berg, WV Medical Institute
Aaron Spurlock, WV Medical Institute
Michael Mills, WV Office of Emergency Medical Services
Nancy Sullivan, DHHR
Barbara McKee – Partners in Health Network
Bob Whitler, Partners in Health Network/CAMC
Phil Shimer, TSG Consulting
Brent Tomblin, Partners in Health Network
Lisa Lee-Ranson, Bureau for Public Health, Division of Health Promotion and Chronic Disease
Jean Kranz, WV Health Improvement Institute
Jerry Roueche, Community Care of WV/Southern
Debrin Jenkins, WV Rural Health Association
Ashley Noland, WV Higher Education Policy Commission, Division of health Sciences
Louise Reese, WV Primary Care Association
Ellen Potter, WV Office of the Insurance Commissioner
Brenda Cappellini, The Health Plan
Karen Fitzpatrick, WVU Family Medicine
John Moore, Bowles Rice
Christine DeRienzo, PEIA
Debbie Waller, DHHR

Participating by Phone:
Chris Clark, GOHELP
Jane Cline, Spilman Law
Doug Coffman, United Hospital
Arnie Hassen, WV School of Osteopathic Medicine
Sarah Chouinard, Community Care of WV
Dave Campbell, WV Health Improvement Institute
Carol Haugen, WV Hospital Association
Kathleen Stoll, West Virginian's for Affordable Health Care
Amanda McCarty, Bureau for Public Health

Jeremiah Samples opened the meeting and welcomed everyone. Introductions were made. He shared with the group that the Better Health Work Group met on May 19th and the

Better Care Work Group was cancelled this month. The Quarterly Meeting of the WV Health Innovation Collaborative is scheduled for June 3, 2015, 10:00 a.m. – 12:00 p.m. at One Davis Square, Suite 100 East, Conference Room 134. Some new developments with the SIM grant will be shared at the meeting and update everyone on the work that has been done so far.

Mr. Samples brought up a topic for discussion regarding a name change to the Lower Cost Work Group. The workgroups are based on the Triple Wing approach through CMS. He would like to transition to Better Value, and it was deferred to the work group. After discussion, it was agreed to change the Lower Cost Work Group to the Better Value Work Group.

Presentations

Dr. Gupta, Commissioner of the Bureau of Public Health introduced Dr. Michael Mills, Medical Director with the WV Office of Emergency Medical Services who will be presenting on EMS and Community Para-medicine. Dr. Mill's presentation was shared with the work group in advance of the meeting.

- Dr. Mills discussed the current state of EMS
    - ☞National EMS expenditures are approximately $5.2B
    - ☞EMS is a transport agency and it does not get paid if transport does not occur.
    - ☞Misaligned incentives; only paid to transport; is a transportation benefit, not a medical benefit.
- WV's EMS
    - ☞208 agencies
    - ☞8,000 – 10,000 providers
    - ☞5 medical command centers online medical direction
    - ☞Protocols provide offline medical direction
    - ☞5 regional medical directors
    - ☞911 System is completely separate from EMS. It is managed by County Commissions
- Community Para-Medicine
    - ☞There is tons of information on community para-medicine.
    - ☞Utilizes EMS providers in an expanded health care role
    - ☞Provides wellness intervention within the home model
    - ☞Decreases ER utilization and hospital 30 day readmission
    - ☞Saves healthcare dollars
- Dr. Mills shared some great articles on community para-medicine
- Barriers:
    - ☞Home Health Services – by appointment only
    - ☞Hospital emergency room volume
    - ☞Funding – non-existent at this point
    - ☞CP's need additional training
    - ☞Online medical control
    - ☞Protocols
    - ☞Change in statute and regulations to allow increased scope of practice and ability to transport to non-hospital facility
    - ☞Public expectation of EMS system
    - ☞Diluting the workforce
    - ☞Realigning reimbursement policy and financial incentives to support patient-centered out-of-hospital care

- Models
    - ☞Hospital partner – shared funding
    - ☞Subscription service
    - ☞Parallel contact number and alternate response
    - ☞County or state funding/Levy (county commissions pay)
    - ☞EMS Loyalty Program Member
    - ☞911 nurse triage
    - ☞911 physician telemedicine screening – no face to face contact
    - ☞WV Board of Medicine has a position statement on Telemedicine. Doesn't really talk about community para-medicine

- WV EMS agencies are evaluating Community Para-medicine concerns which include: funding, protocols, scope of practice, medical direction, legislation, certification and licensure

Contact Information for Mr. Mills: Michael.R.Mills@wv.gov

A question and answer period followed. Dr. Mills shared with the group that there is activity happening and he would share more as they move forward.

Mr. Samples thanked Dr. Mills for presenting to the group.

Mr. Samples introduced Karen Fitzpatrick, Associate Professor at WVU Family Medicine, Patient Centered Medical Home Fellowship Director and Medical Director, Quality and Ambulatory Informatics. She will be presenting on the Patient-Centered Medical Home – Review of the Evidence for Impact on Cost. Her presentation was sent to all work group members prior to the meeting.

- Ms. Fitzpatrick shared with the group a chart reflecting Outpatient Visits for Chronic Conditions. Primary Care provided 69% of chronic condition outpatient visits, majority of hypertension, asthma, depression, COPD and diabetes visits.
- Patient Centered Medical Home (PCMH) is new and improved primary care. A best practice model for the delivery of high-value primary care and a primary care practice redesigned with key-evidence-based enhancements that deliver better healthcare value.
- Evidence-based enhancements for primary care – 5 key elements
    - ☞Patient-Centered
    - ☞Coordinated
    - ☞Comprehensive
    - ☞Committed to Quality and Safety
    - ☞Accessible
- Ms. Fitzpatrick shared some evaluations for PCMH impact. In 2013-2014, aggregated outcomes from 28 peer-reviewed studies, state government program evaluations, and industry reports
    - ☞17 found improvement in cost
    - ☞24 found improvements in utilization
    - ☞11 found improvements in quality
    - ☞10 found improvements in access
    - ☞8 found improvements in satisfaction

- She shared with the group peer reviewed studies from Community Care North Carolina; Industry reports from Highmark PCMH program; government reports from Oklahoma SoonerCare Choice and WVU Family Medicine Experience.
- Patient-Centered Medical Home approach is right care, right place, right time.
- Ms. Fitzpatrick shared a story with the group about an individual with diabetes and 2 amputations and numerous ER visits. After PCMH practice-based nurse case management, there were no ER visits or hospitalizations for next 18 months. Maintained glucose control, full time work and active lifestyle.
- AIC levels decrease with case management
- 37 states have public and private patient-centered medical home initiatives that use NGQA recognition
- In WV, there are a total of 44 NCQA patient centered medical homes

A question and answer period followed. If you have questions or resources you would like to share with Ms. Fitzpatrick, her email address is fitzpatrickk@wvuhealthcare.com

Mr. Samples thanked Ms. Fitzpatrick for presenting to the group and sharing the work that they are doing.

Next Meeting of the Better Value Work Group

There will not be a meeting of the work group in June. The next meeting is:

July 15, 2015
1:00 – 3:00 p.m.
One Davis Square, Suite 100 East
Conference Room 134